

COGME

Council on Graduate Medical Education

Peter Hollmann, MD
Chair
Curi Kim, MD, MPH
Designated Federal Official

April 27, 2023

The Honorable Xavier Becerra
Secretary of Health and Human Services
200 Independence Ave S.W.
Washington, DC 20201

The Honorable Bernie Sanders
Chair, Committee on Health, Education,
Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Bill Cassidy
Ranking Member, Committee on Health,
Education, Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Cathy McMorris Rodgers
Chair, Committee on Energy and Commerce
House of Representatives
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member, Committee on Energy
and Commerce
House of Representatives
Washington, DC 20515

Dear Secretary Becerra, Chair Sanders, Ranking Member Cassidy, Chair McMorris Rodgers, and Ranking Member Pallone:

As the chair of the Council on Graduate Medical Education (COGME), I am writing on behalf of COGME to reiterate the Council's call for permanent authorization of the [Teaching Health Center Graduate Medical Education \(THCGME\)](#) program, along with a sufficient appropriation to keep the program viable and competitive. Reauthorization of this successful medical and dental workforce program is currently under consideration in Congress as its funding is set to expire at the end of the current fiscal year on September 30, 2023. Without immediate action, over 1,000 THCGME-supported resident physicians and dentists face a devastating interruption in their training, which in turn would significantly disrupt care to their patients in underserved and rural communities across the country.

The THCGME program, begun in 2011 under the Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS), is the largest federally funded program dedicated to training resident physicians and dentists in community-based primary care settings. To date, THCGME residents have provided close to 8 million hours of patient care in medically underserved and rural settings, while the program has prepared over 2,000 new primary care physicians and dentists. This program is helping to alleviate the crippling shortage of primary care clinicians. However, lack of consistent, reliable funding has interfered with the long-term planning required for sustainable residency programs. Such instability most severely hampers healthcare organizations that serve rural, minority, or other underrepresented populations, which may lack resources to adapt in the face of uncertain funding.

As a federal advisory committee, COGME is responsible by its charter for “assessing physician workforce needs on a long-term basis, [and] recommending appropriate federal and private sector efforts necessary to address these needs.” Thus, the THCGME program falls within COGME’s advisory role.

The THCGME program funds medical and dental residencies within designated Teaching Health Centers (THCs), which provide community-based clinical training sites. Most THCs are Federally Qualified Health Centers (FQHCs) or FQHC look-alikes, rural health clinics, or tribal health centers. They serve areas with significant need, high burden of disease, and limited access to care, including rural communities, communities of color, and low income or medically underserved areas. Furthermore, in the THC model, medical and dental residents train alongside students and practitioners from other health disciplines to provide interprofessional team-based care. In short, the THCGME program has increased access to primary care in high-need areas while easing the burden on current providers.

HRSA supports the THCGME residencies above the current cap on residency positions funded by the Centers for Medicare and Medicaid Services. Hence, the program is critical to expanding the physician workforce in primary care specialties to address the current and projected primary care physician shortage. It also provides additional residency opportunities for the growing number of qualified medical school graduates who are unable to [match into a residency](#) each year.

Despite this success, a [recent study](#) found that THCGME awards cover only about 50% of THC training expenses. In addition, the [Teaching Health Center Planning and Development](#) program will expand the number of accredited physician and dental residencies eligible for THCGME funding. Thus, appropriations for the THCGME program should account for the current number of THCGME-supported residents and the new THCs anticipated to gain residency accreditation, as well as provide a per resident amount (PRA) that more accurately reflects the true cost of training.

The THCGME program has a proven record of increasing and sustaining access to care for the most vulnerable in the United States, and COGME has consistently expressed its support, most recently in its [2022](#) letter to the HHS Secretary and Congress, as well as in its [2013](#) and [2017](#) letters, its [22nd Report](#) (2014), its [Rural Health Issue Brief](#) (2021), and its [24th Report](#) (2022). Moreover, the federal Advisory Committee on Training in Primary Care Medicine and Dentistry also submitted letters in [2014](#) and [2017](#) to the HHS Secretary and Congress in support of the THCGME program.

In summary, **COGME calls upon Congress to permanently authorize the THCGME program, as well as to appropriate sufficient funds to cover the true PRA training costs of all current and projected THCGME-supported residents.** This permanent authorization and sufficient, long-term funding would help meet the country’s growing healthcare workforce needs and improve primary care access for all.

Thank you for your consideration, and members of COGME stand ready to provide any further information as needed.

Sincerely,

/s/ Peter Hollmann, MD
Chair, COGME